

**MAIL TO:**

Utah Department of Environmental Quality  
Division of Water Quality, ATTN: UIC  
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Salt Lake City, Utah 84114-4870

**FAX TO: (801) 538 - 6016****EMAIL TO: CCADY@utah.gov**

**Utah**  
**Underground**  
**Injection**  
**Control**  
**(UIC)**

Inventory Information

Well Class: \_\_\_\_\_

Facility ID No.: **FAC** \_\_\_\_\_

Risk: Hyd. \_\_\_\_\_ Chem. \_\_\_\_\_

Date Entered: \_\_\_\_\_ By: \_\_\_\_\_  
(For DWQ use only)**General Form****FACILITY LOCATION**

Facility Name:					Phone:		
Facility Physical Address:						(City)	
Facility Mailing Address:					(City)	(Zip Code)	
Facility Geographic Location:	T.	R.	Section		1/4 of		1/4
	<b>Latitude:</b>	Degrees	Minutes	Seconds	UTM Northing (Y): m or ft		
	<b>Longitude:</b>	Degrees	Minutes	Seconds	UTM Easting (X): m or ft		
County:						<input type="checkbox"/> NAD 83 or <input type="checkbox"/> NAD 27	

**FACILITY CONTACT**

Contact Name:					Phone:		
Contact Type: (check all that apply)	<input type="checkbox"/> Owner	<input type="checkbox"/> Operator	<input type="checkbox"/> Facility Manager	<input type="checkbox"/> Contractor / Consultant			
	<input type="checkbox"/> Legal / Official Rep	<input type="checkbox"/> DEQ Engineer	<input type="checkbox"/> Local Health Dept	<input type="checkbox"/> Other: _____			
Title:			Organization:				
Contact Mailing Address:					(City)	(Zip Code)	

Contact Name:					Phone:		
Contact Type: (check all that apply)	<input type="checkbox"/> Owner	<input type="checkbox"/> Operator	<input type="checkbox"/> Facility Manager	<input type="checkbox"/> Contractor / Consultant			
	<input type="checkbox"/> Legal / Official Rep	<input type="checkbox"/> DEQ Engineer	<input type="checkbox"/> Local Health Dept	<input type="checkbox"/> Other: _____			
Title:			Organization:				
Contact Mailing Address:					(City)	(Zip Code)	

Contact Name:					Phone:		
Contact Type: (check all that apply)	<input type="checkbox"/> Owner	<input type="checkbox"/> Operator	<input type="checkbox"/> Facility Manager	<input type="checkbox"/> Contractor / Consultant			
	<input type="checkbox"/> Legal / Official Rep	<input type="checkbox"/> DEQ Engineer	<input type="checkbox"/> Local Health Dept	<input type="checkbox"/> Other: _____			
Title:			Organization:				
Contact Mailing Address:					(City)	(Zip Code)	

**LAND OWNERSHIP AT FACILITY**

<input type="checkbox"/> Private	<input type="checkbox"/> Public (State or Local)	<input type="checkbox"/> Tribal	<input type="checkbox"/> Federal: _____	<input type="checkbox"/> Other: _____
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**LAND USE ZONING AT FACILITY**

<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Manufacturing / Industrial	<input type="checkbox"/> Professional / Institutional	<input type="checkbox"/> Agricultural
<input type="checkbox"/> Open Space	<input type="checkbox"/> Public Lands	<input type="checkbox"/> Overlay Zones: _____	<input type="checkbox"/> Other: _____	

**FACILITY DESCRIPTION**

Primary SIC code:		or	NAICS code:		Secondary SIC/NAICS code:	
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Description of Business Activity at Facility:

**INJECTION WELL OPERATING STATUS (indicate number of wells in appropriate category)**

Proposed	Under Construction / Modification	Active	Temporarily Abandoned	Permanently Abandoned

**INJECTION WELL CONSTRUCTION AND SUBSURFACE DETAILS**

Narrative Description of Injection Well Construction and Subsurface Details (see Instructions):

Depth to Ground Water:		Ground Water Class:	
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**INJECTATE CHARACTERIZATION**

Injectate and BMPs Description (see Instructions):

Injectate Volume (gallons):	
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**COMMENTS****SIGNATURE**

Name &amp; Title (print or type)

Phone Number

Signature

Date Signed

Construction Details Plan View of Facility Property  
Showing Location(s) of Injection Well(s)

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A large grid of 30 columns and 30 rows, intended for drawing construction details. The grid is composed of small squares, each measuring 1 inch by 1 inch. The grid is empty, with no lines or text drawn on it.

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This image shows a full page of blank graph paper. The grid consists of thin, light gray horizontal and vertical lines that intersect to form small squares across the entire surface. There are no margins, text, or other markings on the paper.

# Instructions for Completing the Utah Underground Injection Control (UIC) General Inventory Information Form

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Owners or operators of all Class V injection wells, existing and new, must submit inventory information according to Section R317-7-6.4(C) of the Utah Administrative Rules for the Underground Injection Control Program. Required information includes: facility name and location; name and address of legal contact; ownership of facility; nature and type of injection wells; and operating status of injection wells. The Utah UIC Inventory Information Form is designed to assist owners or operators to comply with this requirement, to collect sufficient information regarding the injection activity such that authorization-by-rule status can be assessed, and to coordinate UIC Program regulatory action with other agencies having regulatory authority over the subject facility. Inventory information must be submitted prior to injection for new wells.

**This submission does not relieve the applicant of any liability for ground water cleanup or any claim for resource damage if ground water contamination is traced to the injection wells shown on this form.**

## Facility Location:

Facility Physical Address: Enter street address of facility or other description of physical location of facility that would enable someone to drive to the location of the facility. You may also choose to provide a photocopy of a road map (no greater than 11" x 17", preferably 8 1/2" x 11") with the facility location indicated if a street address is not available.

Facility Geographic Location: Enter Township, Range, Section, Quarter Section, and Quarter/Quarter Section. Enter latitude and longitude in degrees, minutes, seconds **OR** enter Universal Transverse Mercator (UTM) Easting and Northing. For assistance in determining geographic location, go to <http://nrwt1.nr.state.ut.us/cgi-bin/strview.exe?Startup> ) You may also choose to provide a photocopy of a USGS 7 1/2 - minute topographic quadrangle map, including the name of the map, with the facility location indicated.

## Facility Contact:

At least one of the contacts listed must be the legal representative of the owner of the Class V injection well(s) for which the UIC Inventory Information is being submitted. The owner/operator or the legal representative must be the signatory for the form. Provide additional contacts capable of providing reliable information regarding the operation of the facility.

## Land Ownership at Facility:

Self explanatory

## Land Use Zoning at Facility:

Contact your local planning and development official for zoning information.

## Facility Description:

Enter primary and secondary NAICS or SIC code number used in census & other government reports. Go to the U.S. Census Bureau NAICS web site for assistance in determining the correct NAICS Code. The North American Industry Classification System (NAICS) has replaced the U.S. Standard Industrial Classification (SIC) system, however, conversion tables are available at the U.S. Census Bureau NAICS web site located at: <http://www.census.gov/epcd/naics02/>

Include a description of the business activities performed at the facility. Include the NAICS and/or SIC definition and/or index entry. You may wish to include additional narrative for clarity.

## Injection Well Operating Status

Self explanatory.

## Injection Well Construction and Subsurface Details

On the page provided or on a separate sheet, submit a plan view (not to exceed 11" x 17") of the facility property showing the location of the injection well(s). Also, on the page provided or on a separate sheet, submit a vertical cross-section (not to exceed 11" x 17") showing the details of the injection well(s) and the details of the relevant subsurface hydrogeology. Include such details as unique injection well ID number; construction type; if pre-fab construction, indicate type; construction dimensions; depth of well if vertical construction; screened interval if vertical construction; depth of engineered bottom if horizontal construction; depth to ground water; ground water class (see Utah Administrative Rules R317-6-3 for ground water class definition - <http://www.rules.utah.gov/publicat/code/r317/r317-006.htm> ; hydrogeologically distinct horizons, etc.

## Injectate Characterization

In the space provided or on an attached sheet, provide a narrative describing the nature and quality of the injectate. Describe the Best Management Practices (BMPs) (educational, operational, maintenance, structural) employed to minimize contamination of an underground source of drinking water (USDW).

## Comments

Include any other relevant information not already addressed in the other sections of this form.

## Signature

In keeping with the requirement of Section R317-7-6.4(C) of the Utah Administrative Rules for the Underground Injection Control Program that the owner or operator must submit inventory information, the UIC Inventory Information Form **must** be signed by the **owner or operator (or his/her legal representative)** of the injection well(s) for which the inventory information is being submitted.